FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

January 2017

Florida Department of Health in Pinellas County
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Division of Disease Control and Health Protection

Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932

Fax: (727) 820-4270

(excluding HIV/AIDS)

To Report HIV/AIDS by mail:

Surveillance Room 3-138

205 Dr. MLK Jr St. N

St. Petersburg, FL 33701

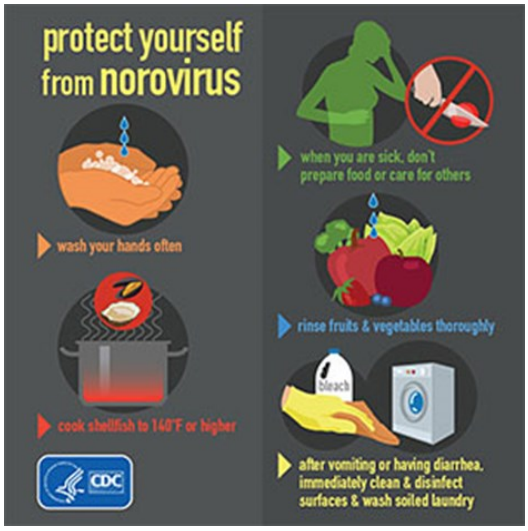
Animal Bite Reporting:

Phone: (727) 524-4410 x7665

Norovirus Illness: Quick Facts

Norovirus is a highly contagious virus that can infect anyone. Infection causes gastroenteritis (inflammation of the stomach or intestines) which leads to diarrhea, vomiting, and stomach pain. It is easily passed from an infected person to others through direct contact, contaminated surfaces, or consuming food or drinks that are contaminated.

- It only takes a very small amount of norovirus particles (fewer than 100) to make someone sick. Norovirus can be found in your stool before symptoms begin and remain in your stool for longer than 2 weeks after your symptoms resolve.
- An individual typically develops symptoms within 12 – 48 hours after being exposed to the virus. Symptoms can persist for 24-72 hours and dehydration is a common complication.
- It is possible to get infected with norovirus multiple times. Currently, there are six norovirus genogroups and three of these groups are known to infect humans. Over 25 different genotypes have been identified within those three genogroups.
- There is no vaccine and no specific treatment for norovirus. Antibiotics will not help with the illness because antibiotics are not effective against viruses.
- According to the Centers for Disease Control and Prevention (CDC), norovirus is the number one cause of diarrhea or vomiting outbreaks spread by direct contact with an infected person or touching contaminated surfaces. Each year on average, 19-21 million cases of acute gastroenteritis are caused by the virus.
- Cases of norovirus are reported throughout the year, but most outbreaks occur between November to April in the US.
- Over half of all norovirus outbreaks reported in the US occur in long-term care facilities. Contaminated food can result in outbreaks of norovirus at restaurants or catered events. The source of the outbreak can be infected food workers handling ready-to-eat food or food contaminated with infectious fecal matter at their source. The virus can survive temperatures up to 140 degrees Fahrenheit and quick steaming processes.
- Norovirus can remain on objects or surfaces for days or weeks. CDC recommends cleaning and disinfecting contaminated surfaces with a chlorine bleach solution or other EPA disinfectant registered as effective against norovirus.
- Protect yourself by practicing good hand hygiene! Stay home when sick so you don't infect others. Ill individuals should avoid healthcare settings for a minimum of 48 hours after the resolution of symptoms.



More information on norovirus and managing outbreaks can be found on the Centers for Disease Control and Prevention (CDC) website: https://www.cdc.gov/norovirus/index.html

Zika Virus

The introduction of Zika into the Americas and the associated consequences remain a significant public health threat. It is important that individuals continue to protect themselves and others from the virus.

- Zika virus is typically spread through the bite of an infected mosquito, day or night, so using insect repellent and wearing long-sleeved shirts and long pants can serve as protection.
- Zika virus can be passed through sex from an infected person. According to the Centers for Disease Control and Prevention (CDC), the virus can be transmitted before, during, and after symptoms have ended. It may also be passed from an individual who was infected, but never developed symptoms. Studies have revealed the virus remains in semen for a longer period of time compared to other bodily fluids.
- To prevent infection, the CDC recommends that those who have traveled to or live in an area with Zika use condoms or abstain from sex for at least 8 weeks for exposed females, and at least 6 months for exposed males.
- Zika infection during pregnancy can cause birth defects, including congenital abnormalities and developmental delays, due to vertical transmission between mother and fetus.
- Plan for travel! Pregnant women should not travel to areas with Zika. During your trip, protect yourself from mosquito bites and keep mosquitoes outside. Seek medical attention if you feel sick after returning from your trip.

For more information regarding the Zika Virus and updated guidance, please visit the CDC website: https://www.cdc.gov/zika/index.html

Human Rabies – Puerto Rico, 2015

The Centers for Disease Control and Prevention (CDC), Morbidity Weekly Report (MMWR) published January 6, 2017/65 (52); 1474-1476. The complete report can be found here:
https://www.cdc.gov/mmwr/volumes/65/wr/mm6552a4.htm?s_cid=mm6552a4_e

Summary

What is already known about this topic?

Human rabies associated with a mongoose encounter has never been reported in the United States or U.S. territories; however, studies by the U.S. Department of Agriculture indicate rabies seropositivity of approximately 40% among the Puerto Rican mongoose population. Because of the public health risk, Puerto Rico provides rabies postexposure prophylaxis (PEP) to any patient who experiences a mongoose bite.

What is added by this MMWR report?

A man aged 54 years who was bitten by a mongoose in October 2016 was the first person to acquire rabies from a mongoose in the United States or U.S. territories, confirming mongoose rabies as a public health threat. Limited awareness of rabies prevention and symptoms of the disease by the general public and health care personnel was likely a contributing factor in the exposures to the patient that required PEP.

What are the implications for public health practice?

This case highlights the importance of public and health care provider awareness of rabies to prevent adverse outcomes after exposures and reduce unnecessary exposures. This awareness includes maintaining a higher suspicion for zoonotic diseases by including animal exposures in the medical history. Universal use and monitoring of standard precautions in health care settings are necessary to minimize risk for occupational exposure to infectious diseases such as rabies when the nature of the illness is unknown.

Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	December 2016	December 2015	Pinellas 2016	Florida 2016	2015	2014	2013
A. Vaccine Preventable							
Measles	0	0	0	6	0	0	0
Mumps	0	0	0	16	0	0	0
Pertussis	0	1	18	341	17	19	17
Varicella	2	2	74	735	38	35	19
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	1	0	2	23	3	0	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	1	7	117	6	4	5
Meningococcal Disease	0	0	0	18	1	0	1
C. Enteric Infections							
Campylobacteriosis	15	10	137	2022	104	103	63
Cryptosporidiosis	0	3	27	584	49	240	19
Cyclosporiasis	0	0	5	37	3	0	5
E. coli Shiga Toxin (+)	0	0	3	183	2	6	7
Giardiasis	5	3	41	1133	30	42	34
Hemolytic Uremic Syndrome (HUS)	0	0	0	8	0	0	1
Listeriosis	0	0	2	43	2	0	0
Salmonellosis	19	16	188	5646	196	216	203
Shigellosis	2	4	19	756	174	21	5
D. Viral Hepatitis							
Hepatitis A	0	0	2	124	4	2	6
Hepatitis B: Pregnant Woman +HBsAg	4	3	28	451	37	21	17
Hepatitis B, Acute	8	5	68	675	57	44	39
Hepatitis C, Acute	4	4	48	268	32	19	17
E. VectorBorne/Zoonoses							
Animal Rabies	1	0	4	79	1	2	0
Rabies, possible exposure	8	11	131	3310	114	190	193
Chikungunya Fever	0	0	1	11	2	10	0
Dengue	0	0	2	78	3	1	2
Eastern Equine Encephalitis	0	0	0	1	0	0	0
Lyme Disease	0	1	11	206	6	5	8
Malaria	0	0	0	65	2	3	1
West Nile Virus	0	0	1	12	1	0	0
Zika Virus	3	0	23	1276	0	0	0
F. Others							
AIDS**	7	9	110	n/a	118	129	114
HIV**	16	28	204	n/a	252	171	157
Chlamydia	370	337	4133	n/a	4168	3853	4141
Gonorrhea	147	133	1566	n/a	1439	1295	1424
Hansen's Disease	0	0	0	18	0	0	0
Lead Poisoning: Children < 6 years:	0	0	6	168	6	8	4
Legionellosis	1	2	19	329	18	13	10
Mercury Poisoning	0	0	0	19	1	2	0
Syphilis, Total	25	20	353	n/a	289	186	114
Syphilis, Infectious (Primary and Secondary)	10	7	181	n/a	151	75	52
Syphilis, Early Latent	13	12	141	n/a	83	61	37
Syphilis, Congenital	0	0	2	n/a	3	0	0
Syphilis, Late Syphilis (Late Latent; Neuro-syphilis)	2	1	60	n/a	52	50	25
Tuberculosis	6	1	31	n/a	14	25	30
Vibrio Infections	0	3	8	187	11	10	11

n/a = not available at this time. Blank cells indicate no cases reported. Reportable diseases include confirmed and probable cases only. All case counts are provisional. Data is collected from the Merlin Reportable Disease database, surveillance systems maintained at the Florida Department of Health in Pinellas County, and Florida CHARTS http://www.floridacharts.com/charts/default.aspx.

*STD data in PRISM is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

**Current HIV Infection data by year of report reflects any case meeting the CDC definition of 'HIV infection' which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV in Florida. If a case is later identified as being previously diagnosed and reported from another state, the case will no longer be reflected as a Florida case and the data will be adjusted accordingly. Data from the current calendar year (2016) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida.